MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number O9/002069   **Filing Date**

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51		4				
2							52		4				
3							53		4				
4							54						
5							55		5				
6							56		4				
7							57		5				
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29	1						79						
30		1					80						
31		1					81						
32		3					82						
33		3					83						
34		3					84						
35		3					85						
36		3					86						
37	1						87						
38	1						88						
39	1						89						
40	1						90						
41		4					91						
42		4					92						
43		4					93						
44		4					94						
45		4					95						
46		4					96						
47		4					97						
48		4					98						
49		4					99						
50		4					100						
Total Indep							Total Indep	5					
Total Depend							Total Depend	79					
Total Claims							Total Claims	84					